

**NOTICE OF MOTION AND MOTION TO STOP  
COST OF LIVING ADJUSTMENT  
INSTRUCTIONS AND FORMS**

**Help in filling out these forms is available in Room 172 of the Family Justice Center, 110 South Fourth St., Minneapolis, MN. Sessions begin at 9:00 a.m. and 2:00 p.m. on Mondays, Wednesdays and Fridays, and should last less than one hour. Please bring the address of the other party (usually the other parent), a photo ID, copies of documents that show your current income and expenses (like pay stubs, unemployment checks, tax returns, bills) and change for the photocopy machine.**

People who pay child support and/or spousal maintenance obligations may ask the court to stop the cost of living adjustment to a child support and/or spousal maintenance order. The Notice of Motion and Motion to Stop Cost of Living Adjustment **must be filed before the effective date of the adjustment**. The effective date should be stated in your court order. If you receive the notice of the cost-of-living adjustment from the child support enforcement agency, the cost of living adjustment is effective on May 1<sup>st</sup>.

<p><b>STEP 1</b></p> <p><b>FILL OUT THE “NOTICE OF MOTION AND MOTION TO STOP COST OF LIVING ADJUSTMENT” FORM</b></p>
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**STEP 1a:** The information to fill in the boxes and blanks at the top of the form can be found at the top of your current child support order or your divorce or paternity decree, including:

- The court file number.
- The name of the Petitioner/Plaintiff.
- The name of the Respondent/Defendant.

If you are the Petitioner/Plaintiff in the current order or decree you will be the Petitioner/Plaintiff in this motion. If you are the Respondent/Defendant in the current order or decree you will be the Respondent/Defendant in this motion.

**STEP 1b:** Fill in the name and last known address of the other party and the county agency where your case is located. **DO NOT** fill in the date, time, and location of the hearing yet. You will fill in this information as part of Step 4 below.

<p><b>STEP 2</b></p> <p><b>FILL OUT THE AFFIDAVIT FORM</b></p>
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**STEP 2a:** Fill in the top of the form the same way you did on your “Notice of Motion and Motion to Stop Cost of Living Adjustment” form in Step 1a above. Fill in all the appropriate lines.

**STEP 2b:     ONLY DATE AND SIGN YOUR “AFFIDAVIT IN SUPPORT OF MOTION” WHEN YOU ARE IN FRONT OF A NOTARY PUBLIC OR THE COURT CLERK. MAKE SURE TO BRING PICTURE IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.**  
A Notary Public can usually be found at a bank and at the Family Justice Center.

**STEP 3**  
**FILL OUT THE “SEALED FINANCIAL SOURCE DOCUMENTS” FORM 11.2.**  
**FILL OUT CONFIDENTIAL INFORMATION FORM 11.1 WHEN NECESSARY**

“Sealed Financial Source Documents” Form 11.2 can be found at the end of this packet. Certain information is considered confidential and not available to the public. To keep this information private and not available to the public, you must attach Form 11.2 to certain documents that contain confidential information. See Rule 11 of the Minnesota General Rules of Practice for more information. One Form 11.2 can be used for all documents containing confidential information. Examples of documents that have confidential information include:

- Paycheck stubs, W-2 forms, or business income and business expenses.
- Copies of you tax returns and schedules
- Bank statements
- Credit card statements
- Check registers

To protect your privacy, the other parties, and your child(ren), all social security numbers, employer identification numbers, and financial account numbers listed on papers you file with the court must be blackened out (crossed out) completely. Failure to do this means these numbers could be available to the general public and you could be charged court costs for the failure to keep your and the other party’s social security number, employer identification number, and/or financial account numbers private. Use Form 11.1 to list any of these confidential numbers and file Form 11.1 with the court. **If these numbers are already on file with the court, you do not need to submit another Form 11.1.**

**STEP 4**  
**OBTAIN A HEARING DATE, TIME, AND LOCATION**  
**FROM THE COUNTY COURT ADMINISTRATOR**

**STEP 4a:**     Contact the Hennepin County Family Court, Child Support Magistrate Office at 612-348-6734 (option 1 then option 5). Tell the clerk that you will be filing a motion to stop the cost of living increase in the Expedited Child Support Process and need a date and time for a hearing. The hearing date must be at least 17 days away from the date the documents are mailed to the other party and the county attorney’s office. Count the day after it is mailed as Day 1. **Remember, all documents must be served upon all parties and filed with the court before the cost of living adjustment effective date!**

**STEP 4b:** Completing these forms does *not* guarantee that the court will stay the cost of living adjustment. The other party and/or the child support agency have the right to ask the court to grant the cost of living adjustment. A Child Support Magistrate will make the final decision.

<p style="text-align: center;"><b>STEP 5</b> <b>MAKE COPIES OF FORMS</b></p>
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**Step 5a:** After the forms are completely filled out, **you** must make three copies of the motion form and three copies of your affidavit and three copies of all attachments (for example, tax returns, tax schedules, and W-2 forms) . **Copies will not be made by Court personnel, even if you have an existing in forma pauperis order in you case file. The in forma pauperis order will not cover the cost of copying this motion or its supporting documentation. Copies may be made at a copy center located near you or at many downtown locations.**

**Do not** make copies of Forms 11.1 or 11.2, unless you want copies for your own records.

**Step 5b:** Keep one copy of each form and one copy of all supporting documents for yourself (remember to bring your copies with you to court on the day of your hearing).

<p style="text-align: center;"><b>STEP 6</b> <b>HAVE COPIES OF THE FORMS SERVED ON THE OTHER PARTY AND COUNTY ATTORNEY'S OFFICE, IF COUNTY AGENCY IS A PARTY</b></p>
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**NOTE! YOU CANNOT SERVE THE DOCUMENTS YOURSELF. YOU MUST HAVE SOMEONE ELSE OVER THE AGE OF 18 WHO IS NOT A PARTY TO THE CASE HAND DELIVER OR MAIL THE DOCUMENTS FOR YOU.**

**If you received notice of the cost-of-living adjustment for the child support enforcement agency, your motion, supporting affidavit, and supporting documents must be served upon all parties before MAY 1<sup>st</sup>.**

You must arrange for the other parties to receive complete copies of all forms and supporting documents you have prepared for the hearing. This is called “service of process.” If you received the notice of the cost-of-living adjustment from the child support enforcement agency, the county agency is a party and you must serve the county attorney’s office. A copy of the motion, affidavit, and any supporting documents must be served upon all parties, either personally or by mail. Personal service means the forms and supporting documents are hand delivered to the other party personally or leaving them at the other party’s place of residence with some person who is 18 years or older who also lives at the same residence. Personal service must be made at least 14 days before the hearing date, and no later than April 30<sup>th</sup> if the county agency is a party. If the other party is represented by an attorney, the forms and supporting documents must be served on the attorney instead of the party. If using mail service, the documents must be mailed to the other party (or his/her attorney if there is one) and to the county attorney’s office ( if county agency is a party) at least 17 days before the hearing date, and no

later than April 30<sup>th</sup> if the county agency is a party. If you documents are not timely served, your motion may not be heard by the court.

**STEP 7**  
**COMPLETE THE "AFFIDAVIT OF SERVICE" FORM**

The person who mailed the envelopes must fill out an "Affidavit of Service" form for all parties served. You may need to make additional copies of the blank "Affidavit of Service" form.

**NOTE! THE PERSON WHO MAILES THE ENVELOPES MUST SIGN THE "AFFIDAVIT OF SERVICE" IN FRONT OF A NOTARY PUBLIC OR THE COURT ADMINISTRATOR. MAKE SURE THE PERSON BRINGS PICTURE IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.**

**STEP 8**  
**FILE THE FORMS WITH THE COURT ADMINISTRATOR**  
**AND PAY ANY REQUIRED COURT FEE**

The following original documents must be filed with the court in the county where your case is located as soon as practical but no later than 5 days before the scheduled hearing **and before May 1<sup>st</sup> if the motion is heard in the Expedited Process before a child support magistrate.** For motions scheduled to be heard in district court, documents must be filed no later than 14 days before the scheduled hearing.

- The original of the "Notice of Motion and Motion to Stop Cost of Living Adjustment".
- The original of the "Affidavit in Support of Motion to Stop Cost of Living Adjustment".
- The original of the "Affidavit of Service".

**Form 11.2**

You must file copies of all supporting documents (such as pay stubs, tax returns, verification of medical/dental insurance costs or expenses, child care expenses, disability payments) and attach Form 11.2 to copies of all supporting documents. Be certain to blacken out all social security numbers that appear on any other document not under cover of Form 11.2. Check your documents to make sure all blanks are filled in, especially on the Affidavit of Service and the motion. All papers served must be identical copies of the original forms and supporting documents filed with the court.

There is no Court filing fee for this motion in the calendar year 2006.

**STEP 9**  
**APPEAR AT THE HEARING**

Come to court on the date and time scheduled for the hearing. Be sure to bring with you your copy of the "Notice of Motion and Motion to Stop Cost of Living Adjustment" and "Affidavit in Support of Motion to Stop Cost of Living Adjustment" and all of your supporting papers.

State of Minnesota  
County of Hennepin

District Court

Judicial District: Fourth  
Court File Number:  
Case Type:

In Re the ☐ Marriage of:  
☐ Support of:

\_\_\_\_\_  
Plaintiff / Petitioner

vs / and

\_\_\_\_\_  
Defendant / Respondent

\_\_\_\_\_  
Intervenor

**Notice of Motion and Motion  
To Stop Cost of Living  
Adjustment**

***If you need an interpreter for this  
hearing, call 612-348-4946***

**NOTICE**

**Other Party:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**County Attorney's Office:**

\_\_\_\_\_  
Hennepin County Child Support

\_\_\_\_\_  
Name of County Agency or County Attorney

\_\_\_\_\_  
110 South 4<sup>th</sup> Street – MCL890

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Minneapolis, MN 55401-9079

\_\_\_\_\_  
City, State, Zip

PLEASE TAKE NOTICE that pursuant to Minnesota Statutes § 518.641, subd. 2a, the undersigned will bring a motion before a Child Support Magistrate on \_\_\_\_\_

(Date: Month, Day, Year)

at \_\_\_\_\_ o'clock \_\_\_\_\_ at the Family Justice Center, Room 134, 110 South Fourth Street,  
(Time) (a.m./p.m.)

Minneapolis, Minnesota, 55401-2279, and will ask the court to stop the cost of living adjustment on the child support and/or spousal maintenance.

**MOTION**

1. I request that the court issue an order to stop the cost of living adjustment from taking place.
2. The facts upon which I base my request are set forth in the attached Affidavit in Support of Motion to Stop Cost of Living Adjustment.

**Notice of Rights to Other Party**

- **You must appear at the hearing.** If you fail to appear at the hearing, the child support magistrate may issue an order granting the relief requested without further notice or hearing.

- You have the right to object or respond to the changes I am requesting.
- You have 10 days from the date this motion is personally served or mailed to you to serve upon all parties a written response or counter motion objecting to the relief requested. A counter motion is where you can raise **new** child support issues, in addition to responding to the issues in this motion.
- You must file a copy of your written response **at least 5 days before any scheduled hearing**. The court may, in its discretion, not consider any documents you file with the court if they are not filed on time.
- You have a right to legal representation.

## Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact:

\_\_\_\_\_ at ( \_\_\_\_\_ )  
 (Name of person to contact to discuss settlement) (Phone number of person to contact)

## Acknowledgments by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- f. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Attorney for: \_\_\_\_\_

State of Minnesota

County of Hennepin

District Court

Judicial District: Fourth

Court File Number:

Case Type:

In Re the ☐ Marriage of:

☐ Support of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

**Affidavit of**

(Fill in your name)

\_\_\_\_\_, being first duly sworn/affirmed, says that:  
(Your name)

1. I am the Petitioner/Plaintiff/Respondent/Defendant (circle one) in this action:

2. I am employed by:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Occupation \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Gross Pay \_\_\_\_\_

Net Pay \_\_\_\_\_ per Monthly / Weekly / Semi-Monthly / Bi-Weekly  
(circle one)

Number of withholding exemptions \_\_\_\_\_

3. I was previously employed by \_\_\_\_\_ for \_\_\_\_\_ years.

4. I have the following additional sources of income:

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per month

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per month

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per month

5. There has not been a sufficient cost-of-living or other increase in my income to allow for an adjustment in my child support.

6. Copies of my tax returns and any other documentation of my income for the past three years,  
\_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ is provided to the other party of this action  
(year) (year) (year)  
and the county attorney as an attachment and provided to the Court Administrator.
7. I am submitting this affidavit in support of my motion to stop the cost-of-living adjustment.

Dated: \_\_\_\_\_

Sworn / affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature *(Sign only in presence of Notary or Court Deputy)*

\_\_\_\_\_  
Notary Public / Deputy Court Administrator



State of Minnesota

County of Hennepin

District Court

Judicial District: Fourth

Court File Number:

Case Type:

In Re the ☐ Marriage of:

☐ Support of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)

I, \_\_\_\_\_, being duly sworn, upon oath, state that on  
(Name of person who hand-delivered or mailed documents)

\_\_\_\_\_, I served the attached documents, namely \_\_\_\_\_  
(Date) (Title of Documents hand delivered or mailed)

upon (check all that apply):

- ☐ Plaintiff / Petitioner (Name and Address) \_\_\_\_\_  
☐ Defendant / Respondent (Name and Address) \_\_\_\_\_  
☐ County Office (Name and Address) \_\_\_\_\_  
☐ Other (Name and Address) \_\_\_\_\_

by (check method of service used):

- ☐ Personally handing a true and correct copy of the document(s) to the person(s) named above at \_\_\_\_\_ o'clock \_\_\_\_m. at the addresses listed above.  
☐ Mailing a true and correct copy of the document(s) to the person(s) named above by placing the document(s) in an envelope with sufficient postage in the United States mail at the Post Office located in the City of \_\_\_\_\_, State of \_\_\_\_\_ at the addresses listed above.

Signature ( Sign only in presence of Notary or Court Deputy)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Sworn / affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public/ Deputy Court Administrator

**FORM 11.1. CONFIDENTIAL INFORMATION FORM**  
**State of Minnesota**

(Gen. R. Prac. 11.02)  
**District Court**

**County of Hennepin**

**Fourth Judicial District**

**Case Type:**

**Case No.** \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

and

**CONFIDENTIAL INFORMATION FORM**  
(Provided in Accordance With Rule 11 of  
the Minnesota General Rules of Practice)

\_\_\_\_\_  
Defendant/Respondent

**The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.**

		NAME	SOCIAL SECURITY NUMBER
			EMPLOYER IDENTIFICATION
			NUMBER AND FINANCIAL ACCOUNT
			NUMBERS
Plaintiff/Petitioner	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
Defendant/ Respondent	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
Other Party (e.g., minor children)	1.	_____	_____
	2.	_____	_____

Information supplied by:

\_\_\_\_\_  
(print or type name of party submitting this form to the court)

Signed:

Attorney Reg. #:

Firm:

Address:

Date:

**FORM 11.2 SEALED FINANCIAL SOURCE DOCUMENTS** (Gen. R. Prac. 11.02)

**State of Minnesota**

**District Court**

**County of Hennepin**

**Fourth Judicial District**

**Case Type:** \_\_\_\_\_

**Case No.** \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner  
and

**SEALED FINANCIAL SOURCE  
DOCUMENTS**

(Provided in Accordance With Rule 11.02  
of the Minnesota General Rules of Practice)

\_\_\_\_\_  
Defendant/Respondent

THIS LISTING OF SEALED FINANCIAL SOURCE DOCUMENTS IS ACCESSIBLE TO  
THE PUBLIC BUT THE SOURCE DOCUMENTS SHALL NOT BE ACCESSIBLE TO THE  
PUBLIC EXCEPT AS AUTHORIZED BY COURT RULE OR ORDER

- ☐ Income tax records  
Periods covered:
- ☐ Bank statements  
Periods covered:
- ☐ Pay stubs  
Periods covered:
- ☐ Credit card statement  
Periods covered:
- ☐ Other:

Information supplied by:

\_\_\_\_\_  
(print or type name of party submitting this form to the court)

Signed:  
Attorney Reg. #:  
Firm:  
Address:

Date: